MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Service Chief / Department Chair: Check the appropriate box for recommendation on the last page of this form and include your recommendation for Focused Professional Practice Evaluation (FPPE). If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR FAMILY MEDICINE

Initial Applicants - To be eligible to apply for privileges in Family Medicine, physicians must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in Family Medicine.

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in Family Medicine by the American Board of Family Medicine or family practice and osteopathic manipulative treatment by the American Osteopathic Board of Family Physicians or international equivalent. Maintenance of Certification is required.

QUALIFICATIONS FOR FAMILY MEDICINE/ AMBULATORY

Initial Applicants - As for Family Medicine, plus:

Required Current Experience: Regular involvement with the direct provision of ambulatory primary care to at least twenty-five (25) patients in the past 12 months or successful completion of an ACGME- or AOA-accredited Family Medicine residency within the past 12 months.

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FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

CORE PRIVILEGES – FAMILY MEDICINE/ AMBULATORY

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Evaluate, diagnose, treat, and provide consultation to patients of all ages with a wide variety of illnesses, and initial evaluation of all patients presenting in an ambulatory setting. The scope of care includes prenatal patients, newborn and pediatric patients, non-operative gynecological care, adult medicine, and geriatrics. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for an initial five (5) patients/month for six (6) months for patients that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Reappointment (Renewal of Privilege): Demonstrated current competence and evidence of the provision of care to at least fifty (50) ambulatory patients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

QUALIFICATIONS FOR FAMILY MEDICINE/ ADULT INPATIENT

Initial Applicants - As for Family Medicine, plus current ACLS certification, AND:

Required Current Experience: Demonstrated current competence and evidence of care of inpatients for at least four (4) weeks in the past 12 months or successful completion of an ACGME- or AOA-accredited Family Medicine residency or fellowship within the past 12 months.

CORE PRIVILEGES – FAMILY MEDICINE/ ADULT INPATIENT

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, and female reproductive and genitourinary systems. Includes pre-op and post-op medical care of surgical patients. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored by in-person monitoring for three (3) days. Methods may include direct observation, case

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FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback

Reentry: If applicant has not practiced in an inpatient or adult medical observation setting for two (2) years, they must attend an approved CME course and have a supervised two (2) week retraining period. A letter from the retraining supervisor is required. In-person proctoring for twenty (20) cases. If applicant has practiced in an inpatient setting within two (2) years but does not have activity within the past 12 months, they will be enrolled in a robust FPPE.

Reappointment (Renewal of Privilege): Demonstrated current competence and evidence of attendance on inpatient services for at least eight (8) weeks, attendance in the Medical Short Stay Unit for at least forty-eight (48) shifts, or a representative combination of the two over the past 24 months based on results of ongoing professional practice evaluation and outcomes. Current ACLS certification.

QUALIFICATIONS FOR FAMILY MEDICINE/ OUTPATIENT OBSTETRICS

Initial Applicants - As for Family Medicine, plus:

AND

Successful completion of the on-line Family Medicine departmental prenatal exam.

CORE PRIVILEGES – FAMILY MEDICINE/ OUTPATIENT OBSTETRICS

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Continuity prenatal and postpartum care including but not limited to the supervision of residents providing obstetrical care. Requires knowledge of University of Michigan birth center policies and referral guidelines and coordination of prenatal care with the inpatient Family Mother Baby (FMB) team.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for at least ten (10) prenatal patients. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Reappointment (Renewal of Privilege): Demonstrated current competence and evidence of the participation in care for at least ten (10) patients for prenatal care in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Pass the on-line Family Medicine departmental prenatal exam that is based on the University of Michigan prenatal care guideline.

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FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

QUALIFICATIONS FOR FAMILY MEDICINE/ INPATIENT OBSTETRICS

Initial Applicants - As for Family Medicine plus**:** Documentation of obstetrical rotation during Family Medicine residency with evidence of at least eighty (80) vaginal deliveries (residency + practice) with at least ten (10) in the past 12 months.

Required Current Experience: Demonstrated current competence and experience with the performance of at least ten (10) vaginal deliveries, within the past 12 months or successful completion of an ACGME- or AOA-accredited Family Medicine residency within the past 12 months. Also, will need to have successful completion of the on-line Family Medicine departmental prenatal exam.

CORE PRIVILEGES – FAMILY MEDICINE/ INPATIENT OBSTETRICS

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Admit, evaluate, and manage patients with pregnancy, with an expectation of non-complicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery including medical diseases that are complicating factors in pregnancy (with consultation) as per guidelines. Includes antepartum, intra-partum, and post-partum care. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be proctored for a minimum of five (5) deliveries and monitored for at least a two (2) week observation period on FMB. Methods must include direct observation of the first five deliveries, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback for the remainder of the FPPE requirements.

Reentry: Faculty requesting privileges who have not practiced inpatient obstetrics for one (1) to three (3) years must complete a minimum of four (4) weeks retraining period which includes inpatient obstetrics, and night call with a supervising FMB faculty***.*** FPPE includes minimum ten (10) proctored deliveries during at least a two (2) week observation period on FMB, after the four (4) weeks of retraining period

Reappointment (***Renewal of Privilege)***: Demonstrated current competence and evidence of the involvement / management of at least twenty (20) deliveries in the past 24 months based on ongoing professional practice evaluation and outcomes. It is recommended that faculty demonstrate successful completion of an emergency obstetrical management course (e.g., ALSO or ECO) within the past two years or provide evidence of teaching in the ALSO course.

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FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

QUALIFICATIONS FOR FAMILY MEDICINE/ INPATIENT NEWBORN

Initial Applicants - As for Family Medicine plus current NRP certification, AND:

Required Current Experience: Demonstrated current competence and evidence of the care for at least five (5) newborn evaluations, three (3) circumcisions, in the past 12 months or successful completion of an ACGME- or AOA-accredited Family Medicine residency within the past 12 months.

CORE PRIVILEGES – FAMILY MEDICINE/ INPATIENT NEWBORN

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Admit, evaluate, provide routine care, and manage term and uncomplicated premature infants. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be proctored for an initial five (5) newborn evaluations and three (3) circumcisions. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Reentry: Any faculty member who has not provided inpatient newborn care for more than one (1) year must have at least a two (2) week retraining period. FPPE includes a minimum twenty (20) newborn evaluations as well as five (5) circumcisions and after the two (2) week retraining period. Service director will determine which of these must be proctored and which may be reviewed retrospectively.

Reappointment (***Renewal of Privilege)***: Demonstrated current competence and evidence of the involvement / management of at least ten (10) newborn evaluations, five (5) circumcisions in the past 24 months based on ongoing professional practice evaluation and outcomes. Current NRP certification.

EDUCATION PRIVILEGES

QUALIFICATIONS FOR OBSTETRICAL CARE: BASIC (PRACTICING SPECIALIST GAINING ADDITIONAL TRAINING)

Initial Applicants - To be eligible to apply for privileges in Obstetrical Care - Basic, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in Family Medicine.

AND

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Name: _____

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in Family Medicine by the American Board of Family Medicine or family practice and osteopathic manipulative treatment by the American Osteopathic Board of Family Physicians or international equivalent. Maintenance of Certification is required.

CORE PRIVILEGES - OBSTETRICAL CARE: BASIC (PRACTICING SPECIALIST GAINING ADDITIONAL TRAINING)

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Scope of Practice/Privileges: Qualified clinicians will receive additional training in the inpatient and outpatient obstetrical environment. They will be supervised by BC/BE University of Michigan faculty either in the Department of Family Medicine or the Department of Obstetrics and Gynecology for all obstetrical care related activities including admission, evaluation, diagnosis, treatment, antepartum/intrapartum/postpartum care plans, progress notes, triage evaluation, vaginal deliveries, and obstetrical repairs.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: Due to varied training backgrounds, each new faculty in the Obstetrical Care program will be proctored until achieving a total of at least eighty (80) deliveries including residency and those performed during the Obstetrical Education Program. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Reappointment (Renewal of Privileges) Requirements – Applicants are NOT eligible for reappointment for these privileges since the training program is one-year duration.

NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant.

ACUPUNCTURE

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** Successful completion of a minimum of three hundred (300) hours of systematic acupuncture training in an American Board of Medical Acupuncture approved training program or an equivalent that is acceptable to Michigan Medicine. This includes the privilege of Battlefield Auricular Acupuncture (BFA) and physicians holding this privilege do not need to apply separately for BFA.

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Name: _____

Required Current Experience: Demonstrated current competence and evidence of the performance of acupuncture to at least fifteen (15) acupuncture patient contacts in the past 12 months or completion of training in the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for at least five (5) cases. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of acupuncture to at least thirty (30) acupuncture patient contacts in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

EXERCISE STRESS TESTING (EST)

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** As for Family Medicine, plus evidence of completion of a structured EST course and current ACLS certification.

Required Current Experience: Demonstrated current competence and evidence of at least twenty (20) ESTs with at least three (3) cases in the past year or successful completion of an approved EST course in the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians with experience will be monitored for at least ten (10) cases. For physicians who recently attended the course, a minimum of twenty (20) cases will be proctored. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and evidence of at least six (6) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Current ACLS certification.

INTRAUTERINE DEVICE (IUD) PLACEMENT

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** As for Family Medicine, plus:

Required Current Experience: Demonstrated current competence and evidence of the placement of at least three (3) IUDs within the past 12 months or successful completion of an ACGME- or AOA-accredited Family Medicine residency within the past 12 months with evidence of at least six (6) placements of IUDs.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be proctored in person for a minimum of one (1) case.

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Name: _____

Renewal of Privilege: Demonstrated current competence and evidence of the placement of at least six (6) IUDs in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Reapplicants who do not meet this criteria will be proctored for at least one (1) case.

COLPOSCOPY

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** As for Family Medicine, plus:

Required Current Experience: Demonstrated current competence and evidence of at least ten (10) proctored cases or attendance at an approved intensive colposcopy course. At least three (3) of these cases will need to have been done within the past twelve (12) months. All applicants must successfully complete an online exam.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians with experience will be monitored for at least five (5) procedures. For physicians who recently attended the intensive colposcopy course, a minimum of ten (10) cases will be proctored. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and experience with at least five (5) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Reapplicants must successfully pass the on-line Family Medicine departmental prenatal exam.

CERVICAL LOOP ELECTROSURGICAL EXCISION (LEEP)

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** As for Family Medicine, plus completion of an approved intensive didactic/practical course.

Required Current Experience: Demonstrated current competence and evidence of at least two (2) LEEP procedures in the past 12 months or completion of training in the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians with experience will be monitored for at least five (5) LEEP procedures. For physicians who recently attended the intensive course, a minimum of ten (10) LEEP procedures will be proctored. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and evidence of at least four (4) LEEP procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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Name: _____

SURGICAL VASECTOMY

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** As for Family Medicine, plus:

Required Current Experience: Demonstrated current competence and evidence of at least four (4) vasectomy procedures within the past 12 months or proof of successful completion of an approved course within the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians with experience will be monitored for at least two (2) procedures. Physicians who have no recent experience or training will be monitored for at least ten (10) procedures. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and experience with at least eight (8) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

USE OF VACUUM (ADVANCED INPATIENT OBSTETRICS)

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** As for Family Medicine, plus basic inpatient obstetrics.

Required Current Experience: Demonstrated current competence and evidence of at least one (1) procedure in the past 12 months or successful completion of a vacuum simulation within the past twelve months.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for all cases involving the procedure over the first six (6) months. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback. If no procedures are logged within the first six months, the FPPE will be considered met by successful completion of vacuum simulation.

Renewal of Privilege: Demonstrated current competence and experience with at least two (2) procedures OR successful completion of one (1) vacuum simulation in the last 24 months.

REPAIR OF THIRD (3RD) DEGREE LACERATIONS (ADVANCED INPATIENT OBSTETRICS)

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** As for Family Medicine, plus basic inpatient obstetrics.

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Name: _____

Required Current Experience: Demonstrated current competence and evidence of at least one (1) procedure in the past 12 months or successful completion of third-degree repair simulation.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for all cases involving the procedure over the first six (6) months. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback. If no procedures are logged within the first six months, the FPPE will be considered met by successful completion of simulation.

Renewal of Privilege: Demonstrated current competence and experience with at least two (2) procedures OR successful completion of one (1) third-degree repair simulation in the last 24 months.

BOTULISM TOXIN (BOTOX) INJECTION THERAPY

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** As for Family Medicine, plus evidence of an approved intensive didactic / practical course.
Required Current Experience: Demonstrated current competence and evidence of at least ten (10) procedures at least three (3) of which must have been done within the past twelve (12) months or completion of training in the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for at least two (2) procedures. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and evidence of at least six (6) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

INTEGRATIVE MEDICINE

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Scope of Practice/Privileges*:** Privileges include evaluation and management of the healthcare of individuals who seek to integrate conventional medicine with holistic health therapies and practices. Faculty members can accept referrals for such services from physicians outside the department.

***Criteria*:** As for Family Medicine, plus being Board certified or Board eligible in Integrative Medicine.

Required Current Experience: Demonstrated current competence and evidence of at least ten (10) patients in the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for at least five (5) cases. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

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Name: _____

Renewal of Privilege: Demonstrated current competence and experience with at least twenty (20) cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

HOSPICE AND PALLIATIVE MEDICINE - ADVANCED

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Scope of Privileges: Admit, evaluate, diagnose, and provide primary or consultative services to all patients with life-threatening illness who require, or may require, specialist-level hospice and palliative care services. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

The privileges include the following clinical services and such other clinical services that are extensions of the same skills and expertise. This list is not intended to be all-encompassing. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/clinical services/privileges requiring similar skill sets and techniques.

1. Perform history and physical
2. Assessment and management of complex pain
3. Assessment and management of complex physical symptoms (nausea, dyspnea, fatigue, etc.)
4. Assessment and management of psychological symptoms (depression, anxiety, grief, etc.)
5. Goals of care determination to support appropriate decision-making and treatment planning, including but not limited to:
    a. Running family meetings
    b. Managing interprofessional collaboration
    c. Navigating complex or challenging communication
6. Identification and management of spiritual distress
7. Identification and management of bereavement needs, including complicated grief
8. Leadership of interdisciplinary care teams focused on care of patients with serious illness and their families

Criteria: Successful completion of an ACGME- or AOA- accredited residency in a relevant specialty and a 12-month ACGME-accredited fellowship in Hospice and Palliative Medicine. Physicians who obtained HPM board certification through a practice pathway (i.e. ‘grandparenting’) before 2012 (MD) or 2014 (DO) will be exempt from the fellowship completion requirement.

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Name: _____

Required Current Experience: Demonstrated current competence and evidence of care for at least twenty-five (25) patients needing hospice and/or palliative care during the past 12 months, reflective of the scope of privileges requested, or successful completion of an accredited palliative medicine fellowship program within the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for an initial five (5) patients that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated competence and evidence of care for at least fifty (50) patients needing hospice and/or palliative care, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

SPORTS MEDICINE

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Scope of Practice/Privileges: Privileges include evaluation, management, and nonoperative treatment of musculoskeletal injuries in individuals and the treatment of medical conditions due to this level of activity). Faculty members can accept referrals for such services from physicians outside the department.

***Criteria*:** As for Family Medicine, plus:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in sports medicine.

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in sports medicine by the American Board of Internal Medicine, the American Board of Emergency Medicine, the American Board of Physical Medicine and Rehabilitation, the American Board of Pediatrics or Certification of Qualification (CAQ) by the American Board of Family Medicine, the American Osteopathic Board of Internal Medicine, the American Osteopathic Board of Family Physicians, the American Osteopathic Board of Emergency Medicine or the American Osteopathic Board of Pediatrics or UMHS approved international equivalent.

Required Current Experience: Demonstrated current competence and evidence of at least twenty-five (25) patients in the past 12 months. reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for at least five (5) cases. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

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Name: _____

Renewal of Privilege: Demonstrated current competence and experience with at least fifty (50) cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

GERIATRICS

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Scope of Practice/Privileges: Faculty members with these privileges lead an interdisciplinary team in performing comprehensive geriatric assessment. They are able to accept referrals from outside physicians for these services at the departmental Geriatric Assessment Unit.

Criteria: As for Family Medicine, plus:

Successful completion of a Certificate of Added Qualification (CAQ) in Geriatrics, jointly issued by the American Board of Family Medicine and the American Board of Internal Medicine.

Required Current Experience: Demonstrated current competence and evidence of at least ten (10) patients in the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for at least five (5) cases. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and experience with at least twenty (20) cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

OBSTETRICAL ULTRASOUND – INTERMEDIATE: ANTENATAL TESTING - QUANTIFICATION OF AMNIOTIC FLUID (AFI/MVP) AND BIOPHYSICAL PROFILE (BPP)

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Criteria: As for Family Medicine, plus certificate or letter from an accredited residency or fellowship program verifying ultrasound training OR completion of a post-graduate course approved by the service director within the past 12 months.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least twenty (20) ultrasound examinations for which privileges are granted, at least ten (10) of which must have been done in the past 12 months OR completion of a post-graduate course approved by the service director within the past 12 months, followed by a minimum of twenty (20) ultrasound examinations supervised by Family Medicine or OB/GYN faculty with current obstetrical ultrasound privileges.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for at least three (3) ultrasound examinations in their first year of practice. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

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Name: _____

Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least ten (10) ultrasound examinations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

OBSTETRICAL ULTRASOUND – INTERMEDIATE: LIMITED FIRST TRIMESTER GESTATIONAL DATING ULTRASOUND

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** As for Family Medicine, plus certificate or letter from an accredited residency or fellowship program verifying ultrasound training OR completion of a post-graduate course approved by the service director within the past 12 months.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least twenty (20) ultrasound examinations for which privileges are granted at least ten (10) of which must have been done in the past 12 months OR completion of a post-graduate course approved by the service director within the past 12 months, followed by a minimum of twenty (20) ultrasound examinations supervised by Family Medicine or OB/GYN faculty with current obstetrical ultrasound privileges.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for at least three (3) ultrasound examinations in their first year of practice. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least ten (10) ultrasound examinations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

OBSTETRICAL ULTRASOUND – INTERMEDIATE: TRANSVAGINAL CERVICAL LENGTH ASSESSMENT

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

***Criteria*:** As for Family Medicine, plus certificate or letter from an accredited residency or fellowship program verifying ultrasound training OR completion of a post-graduate course approved by the service director within the past 12 months.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least twenty (20) ultrasound examinations for which privileges are granted at least ten (10) of which must have been done in the past 12 months OR completion of a post-graduate course approved by the service director within the past 12 months, followed by a minimum of twenty (20) ultrasound examinations supervised by Family Medicine or OB/GYN faculty with current obstetrical ultrasound privileges.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for at least three (3) ultrasound examinations in their first year of practice. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

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FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least twenty (20) ultrasound examinations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

FAMILY MEDICINE POCUS (POINT OF CARE ULTRASOUND) OR BEDSIDE ULTRASOUND

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Core applications (requested individually, scope of practice per AAFP recommendations):

Aorta	Requested ☐
Focused Cardiac	Requested ☐
EFAST	Requested ☐
Transabdominal gynecologic for IUD localization	Requested ☐
Thoracic/Pulmonary	Requested ☐
Biliary	Requested ☐
Renal	Requested ☐
Focused Deep Venous Thrombosis scan	Requested ☐
Soft Tissue/musculoskeletal	Requested ☐
Ocular	Requested ☐

***Criteria*:** Successful completion of an accredited ACGME or AOA residency in Family Medicine that included training in Ultrasound (US), completion of a practice-based pathway and training that meets AAFP recommendations for Family Medicine ultrasound interpretation with a course and preceptorship certificate that includes documentation of training, or successful completion of a Primary Care Ultrasound Fellowship.

This training should have included a minimum of one-hundred and fifty (150) total ultrasounds, and at least twenty-five (25) quality reviewed ultrasounds per core application.

***Required Current Experience*:** Demonstrated current competence and completion of at least ten (10) ultrasounds per core application in the past 12 months or completion of training in the past 12 months.

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FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for at least five (5) ultrasound examinations in their first year of practice. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Renewal of Privilege*:** Demonstrated current competence based on results of ongoing professional practice evaluation and outcomes and completion of at least twenty (20) ultrasounds per core application in the past 24 months.

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FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

SPECIAL INSTITUTIONAL PRIVILEGES (SEPARATE APPLICATION REQUIRED)

A separate application is required to APPLY or REAPPLY for the following Special Privileges:

- **►FLUOROSCOPY**
- **►HYPERBARIC OXYGEN THERAPY**
- **►LASER**
- **►ROBOTIC SURGICAL PLATFORM**
- **►CHEMOTHERAPY (FOR NON-ONCOLOGIST)**
- **►SEDATION PRIVILEGES (FOR A NON-ANESTHESIOLOGIST)**
- **►BATTLEFIELD AURICULAR ACUPUNCTURE**

PLEASE go to URL: www.med.umich.edu/i/oca/mss/pdocs for instructions, or contact your Clinical Department Representative.

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FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

CORE PROCEDURE LIST

This list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

Ambulatory

1. Arthrocentesis
2. Cryotherapy
3. Interpretation of ECG
4. Endometrial biopsy
5. Incision and drainage of abscess
6. Removal of intrauterine devices
7. Nail avulsion
8. Skin biopsy or simple excision
9. Trigger point injection
10. Suture uncomplicated lacerations
11. Uncomplicated minor closed fractures (not requiring traction or manipulation), and uncomplicated dislocations
12. Word catheter placement and management
13. Insertion and removal of hormonal contraceptive rods (e.g. Nexplanon) – requires successful completion of FDA certification process
14. Ultrasound guidance for those procedures listed in core
15. Penicillin Allergy Testing (Oral)

Adult Inpatient

1. Perform history and physical exam
2. Arthrocentesis
3. Arterial blood gases
4. Abdominal paracentesis
5. Interpretation of ECG
6. Lumbar puncture
7. Thoracentesis
8. Ultrasound guidance for those procedures listed in core

Inpatient Obstetrics

1. Perform history and physical exam
2. Ability to perform a normal spontaneous vaginal delivery with management of the spontaneous placenta and postpartum hemorrhage
3. Emergency management of shoulder dystocia
4. Manual removal of the placenta
5. Repair of the labial lacerations and first and second-degree perineal lacerations
6. Interpretation of fetal heart rate patterns and management of fetal bradycardia/tachycardia

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

7. Variable and late decelerations and sinusoidal patterns
8. Induction and augmentation of labor
9. Management of gestational age greater than thirty-four (34) weeks and postdates pregnancy
10. Management of intrapartum GBS prophylaxis and treatment of chorioamnionitis
11. Management of gestational diabetes, preeclampsia without severe features and VBAC/TOLAC per institutional guidelines
12. Basic Obstetrical Ultrasound to determine fetal presentation, number, location, and viability.
13. Appropriate obstetrical consultation with adherence to FMB/OB Consultation Guidelines

Outpatient Obstetrics

1. Basic Obstetrical Ultrasound to determine fetal presentation, number, location, and viability.
2. Interpreting Fetal nonstress test (NST)
3. Evaluation of rupture of membranes
4. Cervical exam
5. Medical evacuation of intra-uterine pregnancy contents, including medical abortion

Inpatient Newborn

1. Evaluation of blood sugar abnormalities, congenital anomalies, hip dysplasia, hyperbilirubinemia, intravenous fluids, NAS
2. Evaluation of ongoing tachypnea, tachycardia, temperature instability
3. Medication administration and nasogastric feedings
4. Newborn resuscitation
5. Performance of minor surgical procedures including circumcision and excision of supernumerary digits without bony involvement and frenulotomy
6. Routine care
7. Septic evaluation of hemodynamically stable infants

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FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Michigan Medicine, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner Printed Name_____

Signed_____ ***Date***_____

SERVICE CHIEF / DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

Privilege	***Condition/Modification/Explanation***
1. _____	_____
2. _____	_____
3. _____	_____

Notes

_____

_____

_____

Service Chief Printed Name_____

Service Chief Signature_____ ***Date***_____

Department Chair Printed Name_____

Department Chair Signature_____ ***Date***_____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Action ***Date***_____

Executive Committee on Clinical Affairs Action ***Date***_____

Governing Board Action ***Date***_____